

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF IOWA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name QHC Facilities, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 26-2923180

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

8350 Hickman Rd. Suite 15  
Clive, IA 50325

Number, Street, City, State & ZIP Code

Polk

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.qhcmcares.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **QHC Facilities, LLC**  
Name

Case number (if known)

**7. Describe debtor's business** A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

## B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6231**8. Under which chapter of the Bankruptcy Code is the debtor filing?** Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **QHC Facilities, LLC** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☐ No ☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **See Attachment** Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention? (Check all that apply.)**
- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- ☐ No
- ☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

#### Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |  |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|---|--|

Debtor

**QHC Facilities, LLC**

Case number (if known)

Name

☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **QHC Facilities, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 29, 2021**  
MM / DD / YYYY

**X /s/ Nancy A. Voyna**

Signature of authorized representative of debtor

**Nancy A. Voyna**

Printed name

Title **Managing Member**

**18. Signature of attorney**

**X /s/ Jeffrey D. Goetz**

Signature of attorney for debtor

Date **December 29, 2021**

MM / DD / YYYY

**Jeffrey D. Goetz AT0002832**

Printed name

**Bradshaw, Fowler, Proctor & Fairgrave PC**

Firm name

**801 Grand Avenue, Suite 3700**

**Des Moines, IA 50309-8004**

Number, Street, City, State & ZIP Code

Contact phone **515-246-5817**

Email address **goetz.jeffrey@bradshawlaw.com**

**AT0002832 IA**

Bar number and State

Debtor **QHC Facilities, LLC** Case number (if known) \_\_\_\_\_  
 Name

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_ Chapter **11**

☐ Check if this an amended filing

**FORM 201. VOLUNTARY PETITION**  
**Pending Bankruptcy Cases Attachment**

Debtor	<b>Crestridge, Inc.</b>	Relationship to you	<b>Affiliate</b>
District	<b>Southern District of Iowa</b>	When _____ Case number, if known _____	
Debtor	<b>Crestview Acres, Inc.</b>	Relationship to you	<b>Affiliate</b>
District	<b>Southern District of Iowa</b>	When _____ Case number, if known _____	
Debtor	<b>QHC Fort Dodge Villa, LLC</b>	Relationship to you	<b>Affiliate</b>
District	<b>Southern District of Iowa</b>	When _____ Case number, if known _____	
Debtor	<b>QHC Humboldt North, LLC</b>	Relationship to you	<b>Affiliate</b>
District	<b>Southern District of Iowa</b>	When _____ Case number, if known _____	
Debtor	<b>QHC Humboldt South, LLC</b>	Relationship to you	<b>Affiliate</b>
District	<b>Southern District of Iowa</b>	When _____ Case number, if known _____	
Debtor	<b>QHC Madison Square LLC</b>	Relationship to you	<b>Affiliate</b>
District	<b>Southern District of Iowa</b>	When _____ Case number, if known _____	
Debtor	<b>QHC Management, LLC</b>	Relationship to you	<b>Affiliate</b>
District	<b>Southern District of Iowa</b>	When _____ Case number, if known _____	
Debtor	<b>QHC Mitchellville, LLC</b>	Relationship to you	<b>Affiliate</b>
District	<b>Southern District of Iowa</b>	When _____ Case number, if known _____	
Debtor	<b>QHC Villa Cottages, LLC</b>	Relationship to you	<b>Affiliate</b>
District	<b>Southern District of Iowa</b>	When _____ Case number, if known _____	
Debtor	<b>QHC Winterset North, LLC</b>	Relationship to you	<b>Affiliate</b>
District	<b>Southern District of Iowa</b>	When _____ Case number, if known _____	

**Fill in this information to identify the case:**

Debtor name **QHC Facilities, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 29, 2021**

**X /s/ Nancy A. Voyna**

Signature of individual signing on behalf of debtor

**Nancy A. Voyna**

Printed name

**Managing Member**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **QHC Facilities, LLC**  
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
IPFS CORPORATION 24722 NETWORK PLACE CHICAGO, IL 60673-1247						\$73,168.23
QBE INSURANCE CORP PO BOX 5438 NEW YORK, NY 10087-5438						\$28,871.16
AUREON TECHNOLOGIY WYNFIELD BUILDING 7760 Office Plaza Dr. S WEST DES MOINES, IA 50266						\$17,058.52
BCG RESEARCH 2600 72ND STREET URBANDALE, IA 50322						\$8,354.28
WELLMARK BC AND BS OF IOWA PO BOX 14456 DES MOINES, IA 50306						\$7,593.63
WEST BEND MUTUAL INSURANCE COMPANY BIN 432 MILWAUKEE, WI 53288-0432						\$7,555.00



Debtor **QHC Facilities, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Assured Partners Insurance 4200 University Ave West Des Moines, IA 50266						\$6,809.00
THE CE SOLUTIONS GROUP PO BOX 2817 WATERLOO, IA 50704-2817						\$5,885.00
VALLEY WEST UNIFORMS 4100 UNIVERSITY AVE, SUITE 230 WEST DES MOINES, IA 50266						\$5,234.98
ABILITY NETWORK INC. PO BOX 856015 MINNEAPOLIS, MN 55485-6015						\$3,644.67
QUADIENT FINANCE USA INC PO BOX 6813 CAROL STREAM, IL 60197-6813						\$2,371.65
GUARDIAN PO BOX 677458 DALLAS, TX 75267-7458						\$1,240.94
PARADIGM BENEFITS 300 E BREMER AVE. WAVERLY, IA 50677						\$1,000.00
WEBSPEC DESIGN 5907 MEREDITH DRIVE URBANDALE, IA 50322						\$360.00
POINTCLICKCARE TECHNOLOGIES INC. PO BOX 674802 DETROIT, MI 48267-4802						\$332.25
AFLAC ATTENTION: REMIT PROCESS SERV. 1932 Wynnton Rd. COLUMBUS, GA 31993-0797						\$191.52

Debtor **QHC Facilities, LLC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
LAMAIR MULOCK CONDON CO. 4200 UNIVERSITY AVENUE, SUITE 200 WEST DES MOINES, IA 50266-5945						\$101.00
Estate of Gladys Mae VanSickle c/o John T. Hemminger, Esq. 2454 SW 9th St. Des Moines, IA 50315		Compensation for damages stemming from lawsuit filed in Polk County Case No. LACL151446	Disputed			\$0.00
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346		Notice Purposes Only				Unknown
Iowa Department of Revenue Hoover State Office Building PO Box 10471 Des Moines, IA 50306-0471		Notice Purposes Only				Unknown

Fill in this information to identify the case:

Debtor name **QHC Facilities, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>1,009,701.31</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>1,009,701.31</b>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>26,201,196.01</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>169,771.83</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>26,370,967.84</b>

## Fill in this information to identify the case:

Debtor name **QHC Facilities, LLC**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1:** Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Lincoln Savings Bank - General Operating Account**

Checking

5741

\$133,262.51

3.2. **Access Bank**

Operating checking account

2300

\$874,346.33

3.3. **Access Bank**

Payroll Checking

2400

\$0.00

3.4. **Lincoln Savings Bank**

Checking - Zero Balance Account

6955

\$0.84

3.5. **Access Bank**

Money Market

2259

\$2,091.63

4. **Other cash equivalents** (Identify all)5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$1,009,701.31****Part 2:** Deposits and Prepayments

## 6. Does the debtor have any deposits or prepayments?

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

Debtor **QHC Facilities, LLC**  
Name

Case number (If known) \_\_\_\_\_

- ☐ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.  
☐ Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☐ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 2

Debtor **QHC Facilities, LLC** Case number (If known) \_\_\_\_\_  
Name

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **QHC Facilities, LLC** Case number (if known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$1,009,701.31</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$0.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$1,009,701.31</b>	<b>+</b> 91b. <b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$1,009,701.31</b>

Case number (if known) \_\_\_\_\_

### Best Case Bankruptcy



Debtor **QHC Facilities, LLC**  
Name

Case number (if known)

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

**2.3 Lincoln Savings Bank**

Creditor's Name

**Ankeny Office  
Attn: Adam Boeding  
1375 SW State St.  
Ankeny, IA 50023**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**Blanket lien on substantially all assets**

**\$9,200,000.00**

**\$9,200,000.00**

**Describe the lien**

**Blanket Lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 Schoenauer Property Management**

Creditor's Name

**8350 Hickman Rd. Suite  
201  
Clive, IA 50325**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**Lease of office space located at 8350  
Hickman Rd., Suite 15, Clive, IA 50325**

**Unknown**

**Unknown**

**Describe the lien**

**Commercial Real Estate Lease Agreement**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$26,201,196.  
01**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies,

Debtor **QHC Facilities, LLC** Case number (if known) \_\_\_\_\_  
Name

assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**Jeff W. Courter, Esq.**  
**Nyemaster Goode PC**  
**700 Walnut St. Suite 1600**  
**Des Moines, IA 50309**

Line 2.3

**Roy Leaf, Esq.**  
**Nyemaster Goode PC**  
**625 First St. SE, Suite 400**  
**Cedar Rapids, IA 52401-2030**

Line 2.3

Fill in this information to identify the case:

Debtor name **QHC Facilities, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p><b>Internal Revenue Service</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Notice Purposes Only</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>
2.2	<p>Priority creditor's name and mailing address</p> <p><b>Iowa Department of Revenue</b> <b>Hoover State Office Building</b> <b>PO Box 10471</b> <b>Des Moines, IA 50306-0471</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p><b>Notice Purposes Only</b></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Unknown</b></p> <p><b>Unknown</b></p>

Debtor <b>QHC Facilities, LLC</b>	Case number (if known) _____
Name _____	

  

<b>2.3</b> Priority creditor's name and mailing address <b>Iowa Workforce Development                  Unemployment Insurance Tax                  Bureau                  1000 East Grand Ave.                  Des Moines, IA 50319</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b> <b>Unknown</b>
Date or dates debt was incurred _____  Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Notice Purposes Only</b>	
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b> Nonpriority creditor's name and mailing address <b>ABILITY NETWORK INC.                  PO BOX 856015                  MINNEAPOLIS, MN 55485-6015</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,644.67</b>
<b>3.2</b> Nonpriority creditor's name and mailing address <b>AFLAC                  ATTENTION: REMIT PROCESS SERV.                  1932 Wynnton Rd.                  COLUMBUS, GA 31993-0797</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$191.52</b>
<b>3.3</b> Nonpriority creditor's name and mailing address <b>Assured Partners Insurance                  4200 University Ave                  West Des Moines, IA 50266</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,809.00</b>
<b>3.4</b> Nonpriority creditor's name and mailing address <b>AUREON TECHNOLOGIY                  WYNFIELD BUILDING                  7760 Office Plaza Dr. S                  WEST DES MOINES, IA 50266</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,058.52</b>
<b>3.5</b> Nonpriority creditor's name and mailing address <b>BCG RESEARCH                  2600 72ND STREET                  URBANDALE, IA 50322</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,354.28</b>

Debtor	Name	Case number (if known)
	<b>QHC Facilities, LLC</b>	
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Estate of Gladys Mae VanSickle</b> <b>c/o John T. Hemminger, Esq.</b> <b>2454 SW 9th St.</b> <b>Des Moines, IA 50315</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim: Compensation for damages stemming from lawsuit filed in Polk County Case No. LACL151446</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>GUARDIAN</b> <b>PO BOX 677458</b> <b>DALLAS, TX 75267-7458</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$1,240.94</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>IPFS CORPORATION</b> <b>24722 NETWORK PLACE</b> <b>CHICAGO, IL 60673-1247</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$73,168.23</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>LAMAIR MULOCK CONDON CO.</b> <b>4200 UNIVERSITY AVENUE, SUITE 200</b> <b>WEST DES MOINES, IA 50266-5945</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$101.00</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Millenium Rehab &amp; Consulting Group, Inc.</b> <b>c/o Rebecca A. Brommel, Esq.</b> <b>Dorsey &amp; Whitney</b> <b>801 Grand Ave Suite 4100</b> <b>Des Moines, IA 50309</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>Unknown</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>PARADIGM BENEFITS</b> <b>300 E BREMER AVE.</b> <b>WAVERLY, IA 50677</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$1,000.00</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>POINTCLICKCARE TECHNOLOGIES INC.</b> <b>PO BOX 674802</b> <b>DETROIT, MI 48267-4802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$332.25</b>

Debtor	<b>QHC Facilities, LLC</b> Name	Case number (if known) _____
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>QBE INSURANCE CORP</b> <b>PO BOX 5438</b> <b>NEW YORK, NY 10087-5438</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,871.16</b>
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>QUADIENT FINANCE USA INC</b> <b>PO BOX 6813</b> <b>CAROL STREAM, IL 60197-6813</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,371.65</b>
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>THE CE SOLUTIONS GROUP</b> <b>PO BOX 2817</b> <b>WATERLOO, IA 50704-2817</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,885.00</b>
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>VALLEY WEST UNIFORMS</b> <b>4100 UNIVERSITY AVE, SUITE 230</b> <b>WEST DES MOINES, IA 50266</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,234.98</b>
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>WEBSPEC DESIGN</b> <b>5907 MEREDITH DRIVE</b> <b>URBAN DALE, IA 50322</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$360.00</b>
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>WELLMARK BC AND BS OF IOWA</b> <b>PO BOX 14456</b> <b>DES MOINES, IA 50306</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,593.63</b>
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>WEST BEND MUTUAL INSURANCE COMPANY</b> <b>BIN 432</b> <b>MILWAUKEE, WI 53288-0432</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,555.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **QHC Facilities, LLC**  
Name

Case number (if known)

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1 <b>Jeffrey A. Pitman, Esq.</b> <b>1110 N. Old World 3rd St. Suite 320</b> <b>Milwaukee, WI 53203</b>	Line <b>3.6</b>	—
<input type="checkbox"/> Not listed. Explain _____		

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 169,771.83
5c.	\$ 169,771.83

Fill in this information to identify the case:

Debtor name **QHC Facilities, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF IOWA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Lease/Finance Agreement  
#5922PAK-MXM5071 45  
000 BW for Q Copiers**

**Banleaco Equipment Finance  
c/o American Lease Insurance  
654 Amherst Rd. Suite 323  
Sunderland, MA 01375**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Lease of office space located at 8350 Hickman Rd., Suite 15, Clive, IA 50325. Lease termination date is September 30, 2023.**

**Schoenauer Property Management  
8350 Hickman Rd. Suite 201  
Clive, IA 50325**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Subscription Service Agreement for a website designed to maintain patient/client records**

**Wescom Solution, Inc.  
dba Pointclickcare.com  
6975 Creditview Rd. Unit 4  
Mississauga, Ontario L5N 8E9  
CANADA**



**Fill in this information to identify the case:**

Debtor name QHC Facilities, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206H**  
**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

Name	Mailing Address	Name	Check all schedules that apply:
2.1 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	Street _____ _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**

Debtor name QHC Facilities, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF IOWA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From 1/01/2021 to Filing Date

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

Unknown

**For prior year:**  
From 1/01/2020 to 12/31/2020

☒ Operating a business  
☐ Other \_\_\_\_\_

\$539,566.00

**For year before that:**  
From 1/01/2019 to 12/31/2019

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,230,858.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **QHC Facilities, LLC**

Case number (if known) \_\_\_\_\_

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Millenium Rehab and Consulting v. QHC Facilities LLC et al LACL151779	Contract/Debt Collection	Polk County Clerk of Court RE: LACL151779 Polk County Courthouse 500 Mulberry St. Des Moines, IA 50309-4238	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Van Sickle et al v. QHC Winterset North LLC et al LACL151446	negligence	Polk County Clerk of Court RE: LACL151446 Polk County Courthouse 500 Mulberry St. Des Moines, IA 50309-4238	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

#### 8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

### Part 4: Certain Gifts and Charitable Contributions

#### 9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Debtor **QHC Facilities, LLC**

Case number (if known) \_\_\_\_\_

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Dates of loss

Value of property lost

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.Who was paid or who received the transfer?  
Address

If not money, describe any property transferred

Dates

Total amount or value

11.1. Bradshaw, Fowler, Proctor & Fairgrave PC  
801 Grand Ave Suite 3711  
Des Moines, IA 50309

12/24/2021

\$77,500.00

Email or website address  
www.bradshawlaw.com

Who made the payment, if not debtor?

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device

Describe any property transferred

Dates transfers were made

Total amount or value

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.Who received transfer?  
Address

Description of property transferred or payments received or debts paid in exchange

Date transfer was made

Total amount or value

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **QHC Facilities, LLC**

Case number (if known) \_\_\_\_\_

☒ Does not apply

Address

Dates of occupancy  
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services  
the debtor providesIf debtor provides meals  
and housing, number of  
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**HIPPA-regulated personally identifiable information for employees,  
patients and residents**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

**QHC Facilities, LLC 401(k) Plan**

Employer identification number of the plan

EIN: **26-2923180**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ NoneFinancial Institution name and  
AddressLast 4 digits of  
account numberType of account or  
instrumentDate account was  
closed, sold,  
moved, or  
transferredLast balance  
before closing or  
transfer**19. Safe deposit boxes**

Debtor **QHC Facilities, LLC**

Case number (if known) \_\_\_\_\_

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☐ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☐ No.  
☐ Yes. Provide details below.

Debtor **QHC Facilities, LLC**

Case number (if known) \_\_\_\_\_

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

Name and address

Date of service  
From-To

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address

If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1. **Lincoln Savings Bank  
Ankeny Office  
1375 SW State St.  
Ankeny, IA 50023**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name

Address

Position and nature of any interest

% of interest, if any

Nancy Voyna

8350 Hickman Rd. Suite 15  
Des Moines, IA

Owner, managing member

100%

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in**

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 6

Debtor **QHC Facilities, LLC**

Case number (if known)

control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jerry W. Voyna (Deceased)	8350 Hickman Rd. Suite 15 Clive, IA 50325	Managing Member now Deceased	June 2008 to date of death 6/10/2021

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--



Debtor **QHC Facilities, LLC**

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 29, 2021**

**/s/ Nancy A. Voyna**

Signature of individual signing on behalf of the debtor

**Nancy A. Voyna**

Printed name

Position or relationship to debtor **Managing Member**

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes

**United States Bankruptcy Court  
Southern District of Iowa**

In re **QHC Facilities, LLC**

Debtor(s)

Case No.  
Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**Nancy Voyna**

**All ownership units**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **December 29, 2021**

Signature **/s/ Nancy A. Voyna**  
**Nancy A. Voyna**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Southern District of Iowa**

In re **QHC Facilities, LLC**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF MASTER ADDRESS LIST  
ON PAPER (CREDITOR MATRIX)**

I, the Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the attached Master Address List (creditor matrix), consisting of 3 pages, and that it is true and correct to the best of my knowledge, information, and belief.

Date: **December 29, 2021**

**/s/ Nancy A. Voyna**

**Nancy A. Voyna/Managing Member**  
Signer/Title

VER\_MTRX (Rev. 04/00)

ABILITY NETWORK INC.  
PO BOX 856015  
MINNEAPOLIS, MN 55485-6015

AFLAC  
ATTENTION: REMIT PROCESS SERV.  
1932 Wynnton Rd.  
COLUMBUS, GA 31993-0797

Assured Partners Insurance  
4200 University Ave  
West Des Moines, IA 50266

AUREON TECHNOLOGIY  
WYNFIELD BUILDING  
7760 Office Plaza Dr. S  
WEST DES MOINES, IA 50266

Banleaco Equipment Finance  
c/o American Lease Insurance  
654 Amherst Rd. Suite 323  
Sunderland, MA 01375

BCG RESEARCH  
2600 72ND STREET  
URBANDALE, IA 50322

CHRYSLER CAPITAL  
PO BOX 660335  
DALLAS, TX 75266-0335

Estate of Gladys Mae VanSickle  
c/o John T. Hemminger, Esq.  
2454 SW 9th St.  
Des Moines, IA 50315

GUARDIAN  
PO BOX 677458  
DALLAS, TX 75267-7458

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Iowa Department of Revenue  
Hoover State Office Building  
PO Box 10471  
Des Moines, IA 50306-0471

Iowa Workforce Development  
Unemployment Insurance Tax Bureau  
1000 East Grand Ave.  
Des Moines, IA 50319

IPFS CORPORATION  
24722 NETWORK PLACE  
CHICAGO, IL 60673-1247

Jeff W. Courter, Esq.  
Nyemaster Goode PC  
700 Walnut St. Suite 1600  
Des Moines, IA 50309

Jeffrey A. Pitman, Esq.  
1110 N. Old World 3rd St. Suite 320  
Milwaukee, WI 53203

Kenneth A. Webb Family Trust  
C/o Jeff Schneidman, Esq. Trustee  
Plattner Schneidman Law Firm  
9141 E. Hidden Spur Trail  
Scottsdale, AZ 85255

LAMAIR MULLOCK CONDON CO.  
4200 UNIVERSITY AVENUE, SUITE 200  
WEST DES MOINES, IA 50266-5945

Lincoln Savings Bank  
Ankeny Office  
Attn: Adam Boeding  
1375 SW State St.  
Ankeny, IA 50023

Millenium Rehab & Consulting Group, Inc.  
c/o Rebecca A. Brommel, Esq.  
Dorsey & Whitney  
801 Grand Ave Suite 4100  
Des Moines, IA 50309

PARADIGM BENEFITS  
300 E BREMER AVE.  
WAVERLY, IA 50677

POINTCLICKCARE TECHNOLOGIES INC.  
PO BOX 674802  
DETROIT, MI 48267-4802

QBE INSURANCE CORP  
PO BOX 5438  
NEW YORK, NY 10087-5438

QUADIENT FINANCE USA INC  
PO BOX 6813  
CAROL STREAM, IL 60197-6813

Roy Leaf, Esq.  
Nyemaster Goode PC  
625 First St. SE, Suite 400  
Cedar Rapids, IA 52401-2030

Schoenauer Property Management  
8350 Hickman Rd. Suite 201  
Clive, IA 50325

THE CE SOLUTIONS GROUP  
PO BOX 2817  
WATERLOO, IA 50704-2817

VALLEY WEST UNIFORMS  
4100 UNIVERSITY AVE, SUITE 230  
WEST DES MOINES, IA 50266

WEBSPEC DESIGN  
5907 MEREDITH DRIVE  
URBANDALE, IA 50322

WELLMARK BC AND BS OF IOWA  
PO BOX 14456  
DES MOINES, IA 50306

Wescom Solution, Inc.  
dba Pointclickcare.com  
6975 Creditview Rd. Unit 4  
Mississauga, Ontario L5N 8E9  
CANADA

WEST BEND MUTUAL INSURANCE COMPANY  
BIN 432  
MILWAUKEE, WI 53288-0432

**United States Bankruptcy Court  
Southern District of Iowa**

In re **QHC Facilities, LLC**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **QHC Facilities, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**December 29, 2021**

Date

**/s/ Jeffrey D. Goetz**

**Jeffrey D. Goetz AT0002832**

Signature of Attorney or Litigant  
Counsel for **QHC Facilities, LLC**

**Bradshaw, Fowler, Proctor & Fairgrave PC**

**801 Grand Avenue, Suite 3700**

**Des Moines, IA 50309-8004**

**515-246-5817 Fax: 515-246-5808**

**goetz.jeffrey@bradshawlaw.com**